

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/580045** FILING DATE **OCT 19 2006**
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/			
2			/			
3			/			
4			/			
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48			/			
49			/			
50			/			
TOTAL IND.			13			
TOTAL DEP.			37			
TOTAL CLAIMS			50			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51			/			
52			/			
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100						
TOTAL IND.			4			
TOTAL DEP.			4			
TOTAL CLAIMS			8			